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SEAFORD URBAN DISTRICT COUNCIL

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

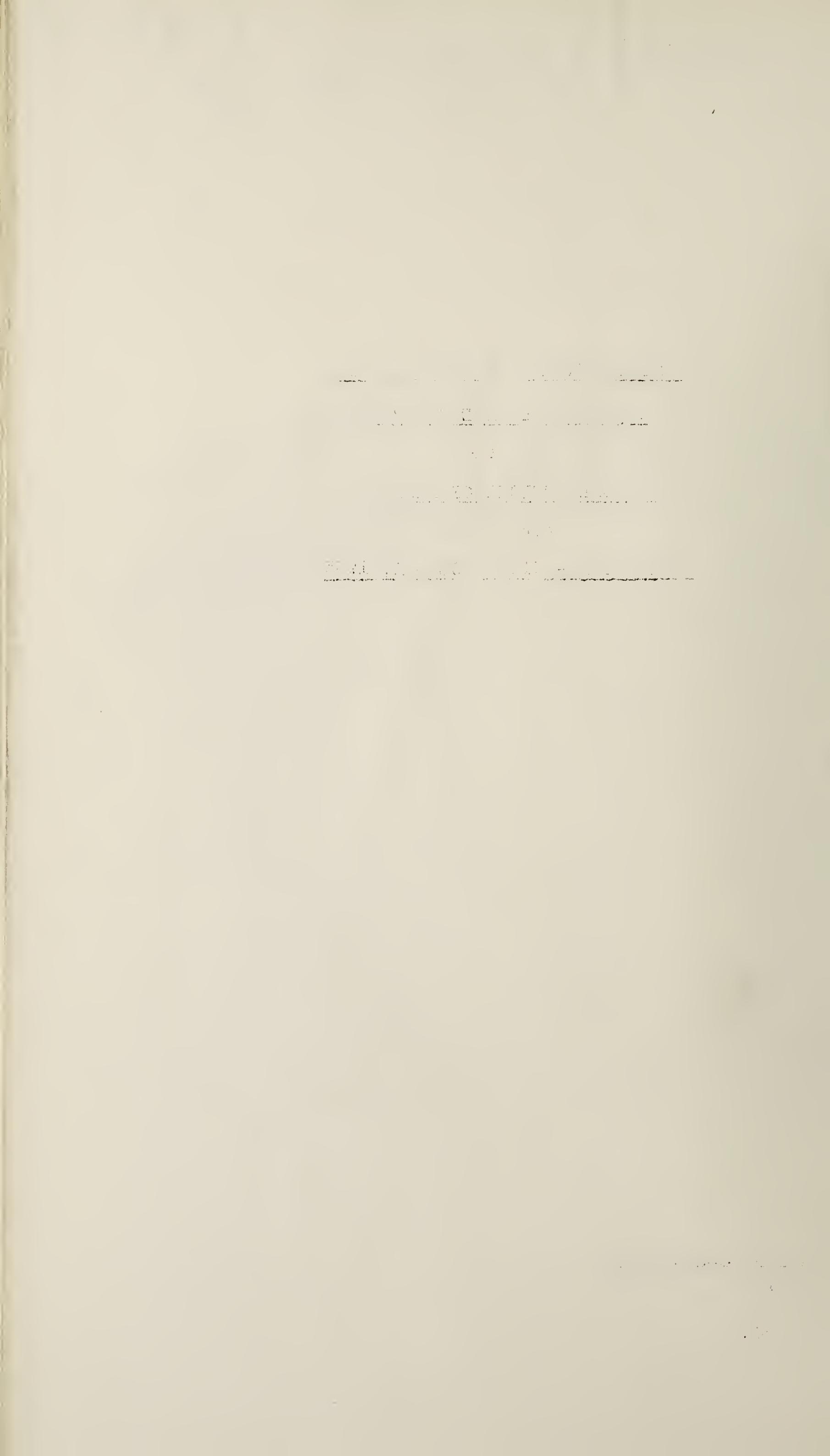
for the

YEAR ENDED - 31st DECEMBER, 1955



Public Health Department,
Lewes House,
LEWES.

November 1956.



Public Health Department,

Lewes House,

LEWES.

To the Chairman and Members of the
Seaford Public Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit the Annual Report on the state of public health and on the sanitary circumstances of Seaford for the year 1955.

The estimated population of Seaford for the year 1955 was 10,550, the highest population figure ever recorded in the district. Estimated populations are made for mid-year of successive intercensal years. As vital statistics, such as birth and death rates and other rates, all based upon population, are necessary at relatively short intervals of time, and certainly at annual intervals, to assess the state of health of a particular area, it is obligatory to have a count of the area's population or a closely approximate estimate, if a count is not available, to calculate the rates based on the population and expressed as so much per 1,000. These rates are used to compare with the corresponding rates in the area for previous years and, after suitable adjustments in the cases of birth and death rates by applying comparability factors, the resultant rates are used to compare with the corresponding rates of the country as a whole and of other areas.

The count of an area's population is yielded by the census, which used to take place every ten years. In intercensal years a closely approximate estimate of the population is made and this is called the estimated population of the area.

The census count cannot be absolutely accurate inasmuch as it is beset with difficulties and hazards both general and especially technical. People have been known to absent themselves from their area during a census count but in spite of this the approximation is very close. Details such as exact ages and occupation are less good. An estimated population is usually not very far short of, or above, the population as if it had been taken by count.



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When one considers that every area population is continually changing, and is in fact in a state of flux, by reason of being added to by births and immigrations and subtracted from by deaths and emigrations, a very close approximation as obtained by count is satisfactory for all practical purposes. In fact, the figure produced is the only one which it is humanly possible to arrive at. Estimated populations are so near those which would have been obtained by count that they too are as satisfactory for all practical purposes as can be. In 1952, '53, '54 and '55 the estimated populations of Seaford were 10,540, 10,560, 10,500 and 10,550 respectively. There does not seem to be much prospect of a great increase in the population in future years. According to the 1951 Census Report the population of the town in 1921 was 7,301 and this dropped slightly to 6,925 in 1931. From then on it increased steadily by 2,076 to 9,001, the census figure for the year 1951. The figure of 2,076 represents a total increase of 29.9 per cent over the 1931 population. Other interesting facts revealed by the 1951 Census were that in that year 7.0% of the population of Seaford was in the 0 to 4 years group; 12.5% was aged 5 to 14 years; 34.4% came within the 15 to 44 years group; 26.3% represented the 45 to 64 years group, and 19.8% included those of 65 years and over. Putting matters more simply, 19.5% was composed of those aged 0 to 14 years (the immatures); 60.7% was composed of those aged 15 years to 64 years (the matures), and the 19.8% represents the senescents. The matures must carry the load of dependency composed of the immatures and the senescents. So far the load of dependency is comparatively light as with a decreasing birth rate in recent years there are fewer children, although this is offset by a greater saving of children's lives than before, as witness the recent low infantile mortality rates recorded as each year has progressed. Up to the present the decrease in the proportion of immatures has outstripped the growing proportion of the senescents. The percentage of the former and the latter are at present nearly equal. There has been a progressive reduction in the number of young dependents due to a decreasing birth rate. This reduction will be offset in the future by a still further rise in the proportion of senescents as far as the total of the population

is concerned. The total load of young and old dependents will probably become increased in the distant future. Improvements in medicine are expected to increase the numbers passing into the senescent group of those aged 65 years and over. Thus a decline in the size of population will for a time be averted, but achieved only at a cost of weighting the population heavily in the higher ages. The problem of the care of the aged which has not so far reached an oppressive magnitude, will increase as the years go on and become a matter of considerable size and importance.

The crude birth rate for Seaford for the year under review was 8.53 per 1,000 population which, although lower than the rate of 8.57 for 1954, was still an improvement on the 1953 figure of 8.11. On applying the comparability factor to the crude birth rate this results in a comparable birth rate of 11.26 as against 15.2 for England and Wales for 1955.

The crude death rate for the town for 1955 was 14.59 per 1,000 population. This rate adjusted by applying the comparability factor results in a death rate of 10.21 as compared with 11.7 which was the death rate for England and Wales for the same year.

The average age at death of Seaford residents in 1955 was 75 years. The death rate in the town is usually highest in January, February and December (winter), the next highest in spring, March, April and May, the next in June, October and November and the lowest in July, August and September (summer).

For many years now the average age at death of Seaford residents has been high, and was 73 years for 1955. In the last five years it was 72.4. The death rate for infancy as revealed by the Infantile Mortality Rate was low. For the year under review it was 11.11 per 1,000 births, or less than half of the rate for England and Wales, which was 24.9 for the same year. At the other end of the scale the death rate of the elderly, as usual in recent years, was high, hence the high average age at death. The general death rate for Seaford has usually been below that of the country as a whole and for 1955 the Seaford rate of 10.21 compares favourably with that of England and Wales which was 11.7. The

death rate and the average age at death can be employed as yard sticks for the measurement of an area's healthiness, and in the case of Seaford these show up the town to advantage.

The Maternal Mortality Rate, or the proportion of the number of Seaford mothers who died in, or in consequence of, childbirth, per 1,000 live and still births for the year 1955 was nil. The last death of a Seaford mother occurred in 1948 when two maternal deaths took place during the whole of that year. During the last ten years these were the only deaths of Seaford mothers. Most of the maternal deaths in the past were due to puerperal sepsis or infection of the mother. Puerperal sepsis has been vanquished by the use of sulpha drugs and penicillin. Other causes of maternal mortality, such as eclampsia, operative shock, haemorrhages, toxæmias and embolism have been largely eliminated, avoided or adequately treated so as to cause no serious harm to the mother and child. Intercurrent disease in the mother, such as pulmonary tuberculosis, grave heart disease and the like have been coped with so that the mother was safely tided over childbirth.

The causes of death amongst the general population of the District in 1955 were as in former years led by heart disease in one form or another. There were 40 deaths due to this cause, and this number is just over one quarter of the total deaths which amounted to 154. In some cases heart disease has been accelerated by over-eating. There is also reason to think that coronary thrombosis is associated with an excess intake of fats. This latter disease has become more common in recent years. There are other factors held to be contributory causes, such as sustained worry, excess emotion, and living at a more increased tempo than was the case twenty-five or so years ago. If one cannot eliminate worrying as a habit, control emotion or live at a rational pace, one can at least eat less as one gets older and as middle-age approaches eat the minimum of, or avoid, fat altogether.

Twenty-six deaths were due to vascular lesions of the nervous system. These include cerebral haemorrhage, embolism and thrombosis and other vascular lesions affecting the central nervous system. A large proportion of these causes comes under the commonly known term of "a stroke."

Thirty-one deaths were due to cancer, and this cause of mortality is second on the list so far as the number of deaths are concerned. It is usually second or third on the list of the killing diseases year after year. In the last twenty-five years deaths from cancer have been increasing. As cancer attacks those past middle age, particularly the elderly, more frequently than younger persons, as longevity extends so the population at risk grows with it. The expectation of life from birth has increased about twenty years since the start of this century, and it has gone on increasing in recent years at a comparatively higher rate than was the case fifty years ago. As a result there is a greater number of the elderly who are more prone to cancer. Cancer is due to an overgrowth of existing cells. These cells, unlike the others in the body, are not inhibited or limited as to their increase, and they multiply out of proportion to their biologically useful limit. What the real cause or causes of this is have not so far been discovered. A lot can be done for a patient in the early stages of cancer. Radical treatment ensures a complete cure in many cases, but where the patient consulted the doctor too late the treatment can only be palliative to relieve unpleasant symptoms.

There are no positive means of preventing cancer insofar as abolishing or avoidin the causes as these causes have not been definitely established though experience and observation suggest that any source of constant irritation to any part of the body should be removed or avoided. The following considerations should have serious attention. All the skin should be kept clean, as should the mouth, tongue and throat. The bowels should be kept so that they function regularly by judicious dieting or exercise. The regular use of salads with raw vegetables as shredded carrots, turnips, young cabbage leaves and tomatoes is particularly effective in many cases of constipation. Salads afford roughage and cause the muscles of the intestinal tract to work to expel the bowel content. These muscles become slack and lazy in cases of constipation, and need toning up by judicious dieting where roughage is afforded. Regular exercise is helpful in banishing constipation. Walking, games as golf and bowls, a moderate degree of bending in gardening or any

other form of exercise which is not excessive or too strenuous are recommended. Fifty per cent of all fatal growths occur in the alimentary tract. No scientific evidence exists to blame any particular articles of food or drink in the causation of cancer, but it would seem discreet to avoid the regular use of highly spiced and stimulating foods and any item which causes indigestion. Over indulgence of alcohol should be avoided.

Excessive use of tobacco and atmospheric pollution have been blamed for the increase of cancer of the lung. There appears to be a relationship between excessive cigarette smoking and cancer of the lung and also between atmospheric pollution and lung cancer. In 1949 throughout the country the mortality from cancer of the lung in males was greater than that from pulmonary tuberculosis and in 1954 was three times greater. Cancer of the lung affects men six times as commonly as it does women. It is commonest between the ages of forty and seventy years, although those below forty years may be affected. It has been shown that city dwellers have a nine times greater chance of developing the disease than those who live in the country. This is thought to be due to atmosphere pollution in cities. Experimental work designed to produce cancer of the lungs in animals by inhalation of cigarette fumes has proved disappointing. It would appear that manufacturers should try to eliminate from cigarettes the substance or substances supposed to cause cancer if that is at all possible, if they want to reassure the public after recent scares from publicity of the harmful effects of excessive smoking. However, there is nothing absolutely proved that excessive cigarette smoking does cause lung cancer. Some authorities imply that it does, others blame atmospheric pollution. The six classical signs of lung cancer are cough, sputum, haemoptysis, shortness of breath and loss of weight. It must be emphasised that a person may be quite free of the most frequently occurring and therefore the most noticeable symptoms in the early stages of the disease, and this is the most suitable time to undertake treatment. Cough is the commonest symptom, and may be no more than a tickle in the throat. It may be more severe and there may be a noticeable change in the character of a

habitual smoker's cough. Increased sputum may be absent, or there may be a large amount of expectoration, purulent if there is an abscess in the lung. All variations may occur between these two extremes. Haemoptysis, or the spitting of blood, is a fairly common symptom, and a fortunate one, as the patient will usually be alarmed by the blood and consult a doctor at an early stage of the disease when most can be done to remedy matters. Pain may be a dull ache, often thought by the patient to be rheumatism, or it may be sharp and severe, in the chest or shoulders. Shortness of breath and loss of weight occur in the later stages of the disease when the cancer is well established.

Apart from cancer of the lung the commonest symptoms of cancer are any sore that does not heal; any irregular bleeding or discharge from a body opening; any lump or hardening of the breast; any considerable loss of weight or marked change in the bowel habit. These should be regarded as warning signals and medical advice should be sought. The doctor will thus be enabled to set one's mind at rest, or, where necessary, to advise as to prompt remedial measures.

A total of 44 cases of infectious diseases were notified in 1955 in Seaford, and of these, 35 cases were of measles. This disease is epidemic every two or three years. It is almost entirely a disease of children. The spread of measles is chiefly in a direct manner by those suffering from it. Very rarely is it conveyed by a third person or by fomites such as clothing, bedding, etc. Secretions from the nose, mouth and throat are especially infectious, and the means of transmission is by way of droplets of these secretions expelled in sneezing, coughing and even talking. As the infection is transmissible during its early stages before the rash appears the first few cases can start an epidemic. It is quite impracticable to send all cases to hospital during an epidemic as there are not enough hospital beds to cope with the large numbers. Cases where domestic conditions are such that they cannot be nursed adequately at home, or where there is risk of complications developing, such as pneumonia, which is an important complication, as it is not infrequent, are sent to hospital.

other complications are otitis or inflammation of, and discharge from, the inner ear with sometimes a following mastoid abscess. Even such grave events as encephalitis and abscess of the brain occur, but they are rare. Ulceration of the eyes and opacities may occur, and minor complications as stomatitis and enteritis follow upon an attack of the infection. Fortunately most of these complications are avoided or eliminated nowadays by up-to-date treatment by sulpha drugs and antibiotics. The death rate, which was as high as 1.9 per cent fifty years ago has now been reduced to practically nil. Nevertheless, in the odd case severe complications develop and lead to a fatal issue. So far no really effective prophylactic measure such as vaccination has been found to afford protection against the infection and thus abolish the epidemics which occur every two or three years.

Only one case of whooping cough was notified during the year. As with measles, complications of whooping cough were more to be feared in the past. The complications formerly of very grave importance were pneumonia, otitis with a following mastoid abscess, pulmonary or general tuberculosis, meningeal haemorrhage and nephritis. Treatment by antibiotics and sulpha drugs has prevented or cured many such distressing complications, but there still remains the possibility that they may occur, although their appearance is now very rare. Vaccination as a means of protection against the infection was made available in Seaford in 1954. It is too early to judge of the efficacy of the immunisation, but there are sound reasons to believe that ultimately immunisation will decrease the number of cases. There are no high death rates due to the complications of whooping cough as there were in the past. The mortality thirty years ago was between 4 and 5 per cent. Now it has been cut down to almost zero through the use of antibiotics and sulpha drugs. Crippling defects may occur in the shape of dilated lungs, dilated bronchial tubes and dilated heart through severe and prolonged bouts of coughing, but these defects are now very few owing to improved treatment. Even today there are the odd cases which terminated fatally.

There were only two cases of poliomyelitis notified in Seaford in 1955. One of these was a mild case of paralytic poliomyelitis in a five year old girl. This case made a complete recovery within four months. The second case was of the dangerous type which involved the brain. The patient was removed to hospital as soon as the diagnosis was made. There was widespread involvement of the brain tissue and unfortunately the patient died after six days illness. The incidence of this type of poliomyelitis is much lower in this country than the incidence of the spinal type which causes paralysis of the muscles of the limbs and of other parts of the musculature of the body. The patient had come in contact with an assembly of people at the place of his occupation and also at a social assembly, both outside Seaford, and had come in contact with persons in Seaford shortly before he became ill. Contacts were quickly traced and suitable warnings were issued to them informing them of the illness of the patient and advising them to consult a doctor at the slightest sign of feeling off colour. Also suitable precautions were advised as to the disinfection of the patient's bedding etc., and this disinfection was carried out. Happily no cases of poliomyelitis occurred amongst the contacts. During 1956 a limited inoculation with British vaccine to protect against poliomyelitis was carried out in this country mostly in children up to nine years of age. Before being issued by the manufacturers each batch of vaccine underwent stringent tests to ensure its safety. The vaccine is a modification of the Salk vaccine used in America so that a strain of the virus which may become virulent is excluded in the British product. Vaccinations will continue each year. The evaluation of the vaccine will take some time.

No case of food poisoning was notified during the year. In cases of sporadic food poisoning unless portions of the food, from which part was eaten just before the first symptoms of food poisoning occur, are left so that they can be subject to laboratory examination, it is usually found to be impossible to trace the vehicle which transmits the organisms causing the illness. Another factor which causes a difficulty in pinning down the guilty article is due to the fact that some articles

of food are consumed outside the home and the patient, usually a child, forgets what he has eaten outside his own home. In moderate or large outbreaks of food poisoning it is less difficult to fix the blame on the offending article as it is often found that the article has been a common one found to have been eaten by the persons infected.

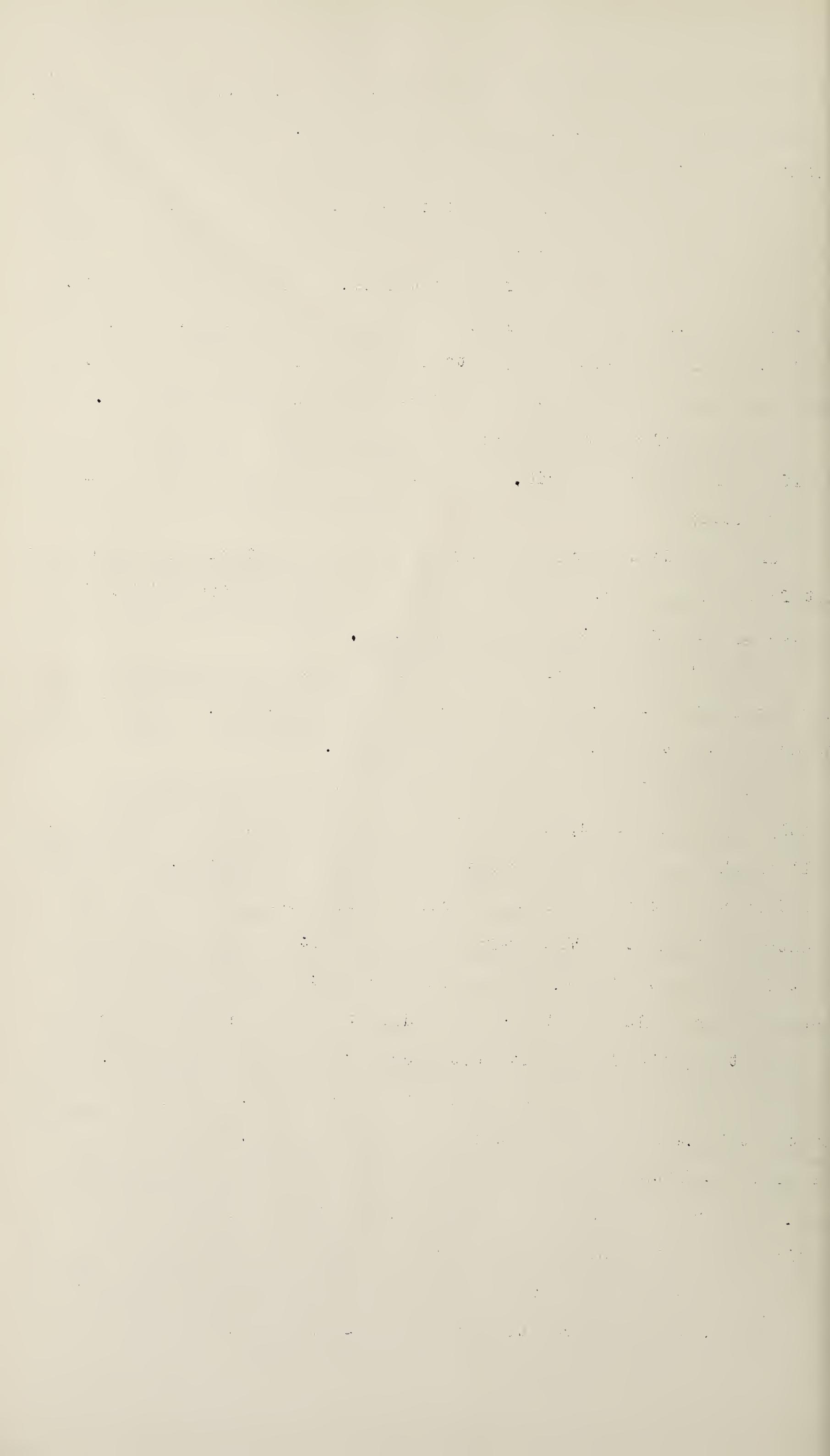
No case of scarlet fever was notified. In 1947 eighteen cases of this infection were notified. During the last twenty years scarlet fever has decreased in its incidence and in its severity. In that time there has developed a virtual control of this disease.

No cases of diphtheria occurred during 1955. The last case was notified in Seaford in 1946. The absence of diphtheria has been due to immunisation.

Only one death took place of any of the infectious diseases cases notified during 1955. This was a case of poliomyelitis of the type affecting the brain as has been described.

During the year four new cases of pulmonary tuberculosis and no new cases of non-pulmonary tuberculosis were notified. There were no deaths due to either type of the disease.

Within the last few years remarkable strides have been made, mainly by antibiotics, in the treatment of tuberculosis. The dramatic fall in the death rate due chiefly to the use of antibiotics has been aided by the detection of early cases of tuberculosis and the early treatment of them. Twenty-five years ago it was frequently stated that 80 per cent of patients who came to doctors for diagnosis of tuberculosis could have the disease detected by a careful history of the symptoms, the finding by stethoscope of signs in the chest, or the discovery of a patent lesion elsewhere in the body, and by the recovery of the tuberculosis germ or bacillus in the sputum. All of these are late manifestations of the disease. Today cases are discovered much earlier by means of radiography and different tests. The earlier they are discovered the more are the chances of cure. The old dismal medical dogma that a patient with tuberculosis had but a few months, or few years, to live is no longer true.



Relating to the sanitary circumstances and sanitary inspection of the district, effective action has been taken to bring about the destruction of rats and mice and the few infestations reported during 1955 were all of a minor character.

Other pests have also been kept under control and it is satisfactory to record that neither the seaweed fly, coelopa frigida, nor the brown-tail moth caterpillars were present in the district in any large numbers during the year under review.

Most of the milk supplied in the district was pasteurised and a small quantity was sterilised. These processes ensured that disease was not conveyed by the milk.

As is usual in the town, standards of hygiene at shops selling food were very high. Numerous inspections of such shops were carried out by your Public Health Inspector during the year and at no time was it found necessary to take any statutory action against a shopkeeper in order to improve the standard of hygiene of his establishment.

During the year your Public Health Inspector carried out no less than 1,223 visits of inspection in the course of his duties and there is no doubt that the constant supervision exercised has resulted in high standards of cleanliness and hygiene being maintained throughout the town.

Once again I find it necessary to comment on the discharge of practically raw sewage into the sea. Action should be taken as soon as possible to provide a means of sewage disposal more aesthetic and less prejudicial to the public health.

My thanks are due to members of the Health Committee for their help and encouragement during the year and to officials of the Council for their help and courtesy.

I am, Mr. Chairman, Ladies & Gentlemen,
Your obedient Servant,

G. M. DAVIDSON LOBBAN,
M.B., Ch.B., D.P.H., F.R.S.I.,
Medical Officer of Health.

SECTION I

Statistics of the Area - 1955

Area (in acres)	4,274
Population (estimated)	10,550
Rateable Value (1st April, 1955) £156,402	
Sum represented by a penny rate	£550

Extracts from Vital Statistics

<u>Live Births</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Rate per 1,000 Population</u>
Legitimate	36	52	88	
Illegitimate	--	2	2	8.53
			90	
Deaths	59	95	154	14.59
Number of women dying in, or in consequence of childbirth.	-	0	0	0.00
<u>Infantile Mortality</u> (Deaths under one year of age)	1	0	1	<u>Rate per 1,000 Live Births</u> 11.11

POPULATION

The Registrar-General's estimate of the population is 10,550

The population and vital indices of Seaford for the past 12 years are as follows:-

<u>Year</u>	<u>Population</u>	<u>Vital Index</u>	<u>Year</u>	<u>Population</u>	<u>Vital Index</u>
1944	5,231	117.74	1950	10,430	74.01
1945	6,450	137.50	1951	10,110	74.07
1946	8,334	175.82	1952	10,340	65.97
1947	8,951	110.77	1953	10,360	65.62
1948	9,730	111.30	1954	10,500	55.21
1949	10,260	79.17	1955	10,550	58.44

The estimated population figure of 10,550 recorded for mid-1955 shows an increase of 50 on the comparative figure for the previous year. For the seventh year in succession, more deaths than births took place in the district and it therefore seems that the recorded population increase is due to the excess of immigrants into the area over the emigrants who left it. The steady downward trend of the

vital index which has occurred during the past six years was halted during the year under review, the figure increasing from 55.21 to 58.44. This means that the proportionate excess of deaths over births was not so great as last year. It is to be hoped that this indicates the beginning of a continued improvement in the town's vital index.

The vital index shown in the table is arrived at by dividing the number of births during the year in the area under review by the number of deaths and multiplying the result by a hundred. The figure thus obtained is a measure of the population's biological condition and any such figure above a hundred shows that births in the area have more than compensated for the deaths which have taken place during the same period.

Maternal Mortality

For the seventh year in succession no mother resident in Seaford has died in or in consequence of childbirth. Only two maternal deaths have occurred in the district during the past eleven years, during which period 1242 births have taken place, the rate for the area per 1,000 live and still births during the eleven years being 1.61.

Infantile Mortality

During the year 1955 one infant under one year of age died in Seaford. This represented an infantile mortality rate of 11.11 per 1,000 live births.

When the number of infantile deaths which occur each year is usually so small, it is only possible to assess whether or not these deaths are decreasing by making comparison between longer periods.

Comparison between the five-yearly periods 1946-1950 and 1951-1955 shows that during the first of these periods 17 infant deaths occurred in Seaford, and in the second period only 9 deaths were recorded. This indicates that a very considerable decrease has taken place within a period of ten years, and it is to be hoped that the reduction will be continued in the future.

Birth Rate

The crude birth rate for the year under review was 8.53 per 1,000 population. Although not quite so high as the figure of 8.57 for 1954 it is still an improvement on that of 8.11 for 1953, and as the difference between this year's figures is so small, it may still be looked upon as the "halt in the steady decline" referred to in last year's report, particularly as the number of births each year was the same, namely 90. The slight difference in the calculated rates for the two years is due only to the small increase in the estimated population figure for 1955 over that of 1954.

An area comparability factor of 1.32 is applicable to the crude birth rate in the town. This figure is supplied by the Registrar-General, in order that a fair comparison may be made between the local birth rates of different districts. In this case its application gives an adjusted birth rate of 11.26. Even with this adjustment the rate for the district is only three-quarters of the 1955 rate of 15.00 recorded for England and Wales.

Death Rate

The death rate for the year under review was 14.59 per 1,000 population the death rate for England and Wales for the same period being 11.7 per 1,000 population. The reasons for the high rate in the district are no doubt the same as those mentioned in the section relating to the birth rate and discussed above.

An area comparability factor of 0.70 is applicable to the crude death rate of 14.59 per 1,000, and this gives an adjusted figure of 10.21 per 1,000 population, which is 1.49 less than the rate for England and Wales for the same period.

Causes of Death

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Heart disease	17	23	40
Cancer	12	19	31
Vascular lesions of nervous system	9	17	26
Pneumonia	4	2	6
Circulatory disease other than mentioned elsewhere	-	4	4
Ulcer of stomach and duodenum	3	-	3
Gastritis, enteritis and diarrhoea	2	-	2
Nephritis and nephrosis	1	1	2
Hyperplasia of prostate	2	-	2
Accidents other than motor vehicle accidents	1	1	2
Suicide	-	2	2
Acute poliomyelitis	1	-	1
Bronchitis	1	-	1
Syphilitic disease	1	-	1
Leukæmia	-	1	1
Other defined and ill-defined diseases	5	25	30
	59	95	154

As occurs almost every year, the chief causes of death were heart disease, cancer and vascular lesions of the nervous system.

The highest age at death was. 92 years

The lowest age at death was. 1 day

The average age at death was. 73 years

Specific Causes of DeathHeart Disease and Diseases of the Circulatory System

The number of deaths due to heart disease and diseases of the circulatory system is considerable less than the number recorded last year, being 44 as compared with last year's total of 76. However, the figure for the year under review is more nearly the normal than is that for the preceding year, which was unusually high. Most of the deaths were amongst elderly people. As has been mentioned in

previous reports, the greater number of these deaths were due to the heart wearing out after giving between seventy and eighty, or even more, years of service.

Cancer

Thirty-one deaths due to cancer took place amongst Seaford residents during 1955, giving a death rate of 2.94 per 1,000 population. This rate is higher than that of 2.06 for England and Wales but this is a most unusual occurrence, the rate for Seaford usually being well below that for the country as a whole. It is not thought likely that this year's high rate will be repeated in future years.

Vascular Lesions of the Nervous System

Vascular lesions of the nervous system include cerebral haemorrhage, cerebral embolism and thrombosis and other lesions. A total of 26 deaths in Seaford were classified under this heading in 1955, nine being males and seventeen females. This total is slightly higher than last year's total of twenty-one deaths. Most of these deaths occur amongst elderly persons and there are several old people's homes in the district at which a good proportion of the deaths from this type of disease occur.

Acute Poliomyelitis

The one death which was due to acute poliomyelitis was of a young man aged 21 years. He had been residing outside the district for some time prior to his illness and it is probable that the infection was not contracted in Seaford.

SECTION II

General Provision of Health Services in the Area

Public Health Facilities of the Local Authority

During the period under review the Medical Officer of Health for Seaford also acted as Medical Officer of Health for the Borough of Lewes, the Urban District of Newhaven and the Rural District of Chailey.

One Sanitary Inspector carries out his particular duties in the Urban District of Seaford.

Laboratory Facilities

The Public Health Laboratory established at the Royal Sussex County Hospital, Brighton, has been of great assistance during the year.

The Laboratory has carried out for the Urban District, free of charge, the examination of sputum and faeces. It is also available for the examination of throat and laryngeal swabs, milk, water, ice-cream and any food-stuff suspected of containing infective organisms.

The service is extremely valuable both to your Medical Officer of Health and to the Medical Practitioners in the district. It is particularly useful in providing a certain means of discovering whether or not a person had been invaded by the infective organism causing tuberculosis.

Ambulance Facilities

The provision of the ambulance service is the responsibility of the East Sussex County Council, which houses one ambulance in the town. During 1955 this vehicle was available for the conveyance of both infectious and non-infectious cases and arrangements were in being for the disinfection of ambulance, bedding, clothing etc., after use for the transport of an infectious case. If a further call is received whilst the ambulance is out on duty, arrangements are in being for the call to be dealt with by other depots in the area.

Office accommodation for the personnel staffing the ambulance is provided by the County Council at the Mercread Road Ambulance Depot.

The East Sussex County Council provides facilities for the transport of tuberculosis cases.

Nursing in the Home

As in previous years, the East Sussex County Council, as empowered by Section 25 of the National Health Service Act, 1946, has arranged for this service to be provided by the East Sussex County Nursing Association through the District Nursing Associations.

Hospitals

Under the provisions of the National Health Service Act, 1946, the Ministry of Health is responsible for the provision of hospital accommodation. The accommodation in the area remains materially the same as it was prior to the passing of the Act.

Clinics and Treatment Centres

Treatment centres have been provided as previously and an immunisation clinic has been held on the first Thursday of each month at the Simmons Institute, Crouch Lane. This has proved very successful and was well attended.

Provision for the Care of Mental Defectives

The East Sussex County Council administers the Lunacy and Mental Deficiency Services in respect of patients outside Institutions. All institutional care is the responsibility of the Regional Hospital Board.

SECTION III

SANITARY CIRCUMSTANCES AND SANITARY INSPECTION OF THE AREA

1. Staff

During the year under review the staff of the department consisted of one sanitary inspector, one clerical assistant and one part-time rodent operator.

2. Rehousing

At the 1st January 1955 the Housing Waiting List consisted of 127 applicants. This does not include 18 families in temporary accommodation such as requisitioned premises and huts or 10 families in prefabricated bungalows.

During the year 39 new applications were received.

The number of families from the waiting list rehoused in either permanent or requisitioned premises was 29.

The Council continued their policy of a gradual reduction in the number of requisitioned premises and during the year de-requisitioned 12 properties, thus necessitating the rehousing in permanent premises of 12 families.

In addition to the movement of families as shown above, it was necessary, for various reasons, to transfer 20 families from one property to another.

At the 31st December 1955, the waiting list consisted of 107 applicants, which did not include 6 families in temporary accommodation or the 10 families in pre-fabricated bungalows.

The department's work in connection with rehousing includes the receipt of applications, pointing up under the Council's scheme and the continuous revision involved. It also includes the preparation of lists of applications for the attention of the Housing Selection Sub-Committee and the keeping of all records.

This involved 426 interviews; 447 letters and 12 inspections.

Applicants are naturally anxious to know their position on the waiting list from time to time, especially when many months have elapsed since application was first made, although there are quite a

number who despite being told of the housing position, think that they should have accommodation within a matter of a week or so from their first application.

Whereas the applicants can only view the matter from their own particular need and think their case to be one of urgent necessity, this may not necessarily be so when the whole of such cases are under review.

3. Prevention of Damage by Pests Act 1949 - Rodent Control

Survey and action, as necessary, in connection with rodent control was continued during the year, and for this purpose a part-time rodent operator was employed four hours each day for six days per week, under the supervision of the Sanitary Inspector.

As in previous years, free service to private dwelling houses was in operation and again proved successful. Generally, the co-operation of occupiers was a great factor in achieving results.

569 visits were made and 462 properties inspected of which 85 were found to be infested.

From time to time the Council's sewers were inspected at various points and no evidence of rats was found.

The Council's house refuse dumps were examined periodically and action taken when found to be necessary.

This continued activity against the rat population is without doubt worth while inasmuch as gradually year by year the number of infestations grow smaller and whereas a few years ago infestations were of a major character now such infestations consist of two or three rats only.

4. Coolopa Frigida

The operation against the seaweed fly in 1954 proved successful, as during the year under review very little trouble was experienced from this source.

5. Brown-tail Moth caterpillars

Inspections of the areas affected by the Brown-tail Moth caterpillar last year proved that the treatment had been wholly satisfactory.

6. Petroleum Acts & Orders 1928 and 1936 - Petroleum

Fifteen licences were issued for the storage of petroleum for the year.

Fifteen inspections were made in this connection.

7. Milk (Special Designations) Regulations 1949 to 1954 - Milk

At the 1st January 1955 there were five Purveyors of milk in the Urban District.

The following licences for the sale of graded milks were issued:-

6 Pasteurised (sale only)
5 Tuberculin Tested.
3 Sterilised.

All premises were kept in a clean condition and were limewashed or cleansed as necessary.

8. Bakehouses

The two bakehouses were inspected periodically and at all times were found to be kept in a clean condition. The necessary limewashing or cleansing was carried out at the required times.

9. Food

(1) The number of food premises, by type of business:-

2 Bakehouses.	4 Fish Shops.
7 Butchers.	2 Fried Fish Shops.
5 Dairies and Milkshops.	8 Hotels.
12 Grocers.	40 Ice-cream.
21 Restaurants.	

(2) The number of food premises, by type, registered under Section 14 of the Food and Drugs Act 1938 and number of Dairies registered under the Milk and Dairies Regulations, 1949:-

40 Sale of ice-cream
3 Butchers
1 Grocer
5 Dairies and Milkshops.

(3) The number of inspections of (2) above and comments thereon:-

Premises for Sale of Ice-cream Number of inspections 80. With three exceptions these premises sell pre-wrapped ice-cream and one establishment only manufactures. In all cases the premises and conditions are satisfactory and the manufacture at the one establishment is in accordance with the Ice-cream (Heat Treatment etc.) Regulations 1947 to 1952.

Butchers Premises Number of inspections 9. The making of sausages and pickling of meats is carried out under satisfactory conditions.

Grocers Premises Inspections 4. The boiling of hams. The rooms where the boiling is carried out are kept in a clean condition, periodically painted and the utensils kept in good condition.

Dairies & Milkshops Inspections 20. These premises are kept in a clean and satisfactory condition, and cleansed, whitewashed or painted at the required periods.

(4) Whilst no organised educational activity is carried out, every opportunity is taken, when inspecting premises where food is prepared, to emphasize the importance of food hygiene.

(5) Where condemned food is of salvage value, it is disposed of to firms concerned in this type of treatment or manufacture. Other classes of food are collected and destroyed at the Council's tip.

(6) Only small amounts of food have had to be condemned. This action being necessary generally through damage in transit, defective tins, bad handling etc.

Blown, pierced, damaged or defective tins

1 tin Apricot Jam.
1 tin Pilchards.
1 tin Plums.
1 tin Sardines.
1 tin Pineapple.
3 tins Peas.
4 - 6 lbs tins Corned Beef.
1 - 4 lbs tin Luncheon Meat.
2 - 4 lbs tins Mixed Luncheon Meat.

Decomposition

1 tin Ham (11 lbs. 5 ozs)
11 lbs. Beef Sausages.
2 stone Crabs.
15 lbs. 6 ozs. Ox Liver.

Tainted

14 - 5 lbs. 12 ozs. tins Apples.

Body heat

101 lbs. Beef.

Bone Taint

86 lbs. Beef, (including topside, silverside and thick flank)

The Food & Drugs Act 1955 was passed in November 1955 but does not come into operation until 1st January 1956.

The Food Hygiene Regulations, 1955 made by the Minister of Agriculture, Fisheries and Food and the Minister of Health, were laid before Parliament in December 1955 and certain Sections come into force on the 1st January 1956 and the remainder on the 1st July 1956.

Carcasses and Offal inspected and condemned in whole or in part

No carcasses or offal were inspected or condemned during 1955.

10. Heating Appliances (Fireguards) Regulations, 1953

Twenty-four inspections were carried out at premises dealing with the sale of heating appliances, to draw attention to the need of fireguards to all gas fires, electric fires and oil heaters.

In all cases the heating appliances offered for sale complied with the above regulations.

11. Inspections

	<u>Primary Inspections</u>	<u>Re- Inspections</u>	<u>Total Visits</u>
Housing.	42	20	62
Dairies.	5	15	20
Food shops and restaurants, including sale of ice-cream premises.	64	80	144
Food condemnation.	17	-	17
Drainage - nuisance.	5	5	10
Drainage - new buildings & alterations.	102	110	212
Drain tests.	1	-	1
Disinfections - Infectious Diseases.	3	3	6
Disinfections - On request.	2	2	4
Inspections - Miscellaneous x	15	23	38
Piggeries.	3	3	6
Dumps.	1	3	4
Rodent Control.	462	107	569
Bakeh uses.	2	4	6
Petroleum.	15	-	15
Factory Inspections.	31	13	44
Fried Fish Shops.	2	4	6
Public Conveniences.	15	16	31
Rehousing Inspections.	12	-	12
Caravan Site.	1	12	13
Caravans and Camps.	1	2	3
	801	422	1223

* Included in the Miscellaneous Inspections are inspections of Pet Shops, fire appliance regulations, complaints and inspections in connection with smells, keeping of horses etc.

12. Action Taken

The following action was taken to secure the abatement of nuisances and housing defects:-

Number of nuisances and housing defects. 10

Number where works were carried out as a result of informal action, including undertaking given by owner and accepted by Council that part of building would not be used for human habitation. 10

Number of Statutory Notices served. Nil

Number of Statutory Notices complied with. Nil

13. Factories Act 1957

In the Urban District there are four factories on the register in which Sections 1, 2, 3, 4 & 6 of the above Act are enforced, and 27 factories in which Section 7 only is enforced. During 1955, 44 inspections were carried out. Details are as follows:-

Part I of the Act

Inspections made for purposes of provisions as to health.

(including inspections made by Sanitary Inspector)

Premises.	Number on Register.	Number of Inspections.	Number of Written notices.	Occupiers prosecuted.
(i) Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by Local Authorities.	4	8	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	27	36	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	nil	-	-	-
Total:	31	44	-	-

Part VIII of the Act

The position relating to outwork is as follows:-

Section 110

Section III

No. of out-workers in August list required by Sec. 110 (1) (c)	No. of cases of default in sending lists to the Council.	No. of prosecutions for failure to supply lists.	No. of instances of work in un-wholesome premises.	Notices served.	Prosecutions
1 (wearing apparel - knitwear.)	Nil	Nil	Nil	Nil	Nil

14. General

This report would not be complete without enumerating other matters which naturally expends time but cannot be shown elsewhere:-

General letters, reports returns etc.	316
Conferences with Chairmen of Committees and Officers of the Council as necessary from time to time.	167
Meetings and Conferences attended.	45

SECTION IV

Prevalence of, and Control over, Infectious and Other Diseases

Infectious Diseases

In all, 44 cases of infectious disease were confirmed in Seaford in 1955. The details were as follows:-

Disease	Cases	Cases admitted to Hospital	Deaths
Measles	35	-	-
Erysipelas	5	1	-
Pneumonia	2	-	-
Poliomyelitis (Paralytic)	2	2	1
Whooping Cough	1	-	-
Puerperal Pyrexia	1	-	-
	44	3	1

Measles

The 35 cases of measles which occurred during the year do not represent a high incidence rate, particularly in view of the fact that only two cases were notified in Seaford during the previous year, and a year of low incidence is usually followed by a year in which a fairly extensive outbreak is experienced.

All the cases were treated at home and made rapid and uneventful recoveries.

Now that a vaccine has been developed to give at least partial immunity against whooping cough, measles is the most prevalent of childhood complaints. In the past it has also been one of the most troublesome, particularly since scarlet fever has reduced both its prevalence and virulence. Now, however, the use of penicillin and the sulpha drugs has reduced the danger from the complications of broncho-pneumonia or damage to the patient's ears or eyes.

Erysipelas

Three cases of erysipelas were notified in Seaford during 1955. The one case admitted to hospital was that of an old lady who also

had an extensively ulcerated ankle. She was later transferred from the infectious diseases hospital to a general hospital in order that she might be given a skin graft.

Pneumonia

Two cases of pneumonia were notified during 1955, three less than in the preceding year. None of the cases were sufficiently serious to require admission to hospital and all cases made satisfactory recoveries.

Poliomyelitis (Paralytic)

Two cases of poliomyelitis were notified and confirmed in Seaford during 1955. One of these was of a five-year old girl who was admitted to Isolation Hospital in the middle of September with weakness of abdominal muscles and the left leg. By the end of the year the patient had recovered sufficiently to walk about and since that date she has made a complete recovery.

The second case was of a 21 year old man who, after various movements about the country became ill on his return to Seaford and unfortunately died. As shortly before his illness he had been in contact with several different and rather large groups of people, great vigilance was exercised in order that any possible further case would be observed in its earliest stages. Fortunately, none of the contacts developed poliomyelitis.

Whooping Cough

Only one case of whooping cough was notified in Seaford during the year under review. Although this figure is considerably less than the figures for 1954 and 1953, which were 15 and 13 cases respectively, it is too early yet to decide whether or not this is due to the introduction in the county on 1st April, 1954, of vaccination against whooping cough. Should a comparatively small number of cases of whooping cough occur in the town during each of the next few years, then it will be reasonable to assume that vaccination against the disease is producing results. The occasional year of light incidence is, however, no new phenomenon and a number of such years in succession must occur before a permanent alteration in incidence can be assumed.

Puerperal Pyrexia

One case of puerperal pyrexia was notified in Seaford during 1955. This represents a very low rate of incidence and it is to be hoped that the efforts which have been made to lessen the incidence of this feverish condition amongst women after childbirth are now bearing fruit.

General

Of the total of 44 cases of infectious disease which were notified in Seaford during 1955, 35 were of measles.

The other two infectious diseases which in many years contribute a large proportion of the total number of cases of infectious diseases notified are whooping cough and scarlet fever. It is hoped that the introduction of vaccination against whooping cough will eventually lead to the control of that malady, and for a number of years past both the virulence and incidence of scarlet fever have declined. This leaves measles as the major problem amongst the common infectious diseases and it is unfortunate that there is at present no vaccine which is capable of giving prolonged immunity from the disease. On the brighter side however, penicillin and the sulpha drugs prevent many of the distressing complications which are more to be feared than the disease itself and which in the past often left that patient with a permanent disability.

SECTION VTuberculosis

In 1955 Seaford had four new cases of pulmonary tuberculosis and no new non-pulmonary cases. There were no deaths due to pulmonary or non-pulmonary tuberculosis. Details are given in the following table:-

1955 NEW CASES & MORTALITY

AGE PERIODS	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-
5	-	-	-	-	-	-	-	-
10	-	-	-	-	-	-	-	-
15	-	-	-	-	-	-	-	-
20	-	-	-	-	-	-	-	-
25	x	2	-	-	-	-	-	-
35	-	-	-	-	-	-	-	-
45	-	1	-	-	-	-	-	-
55	-	-	-	-	-	-	-	-
65 & upwards	-	1	-	-	-	-	-	-
TOTAL:	2	2	-	-	-	-	-	-

* 1 Inward transfer - male of 25

One of the new cases notified was of a male who was already suffering from pulmonary tuberculosis when he moved into Seaford from another area.

The incidence of the four new cases of pulmonary tuberculosis notified in 1955 is 0.38 per 1,000 population.

It would appear that the vastly improved methods of prevention, detection and treatment of this disease are having a considerable effect and are rapidly reducing both the incidence and the mortality rates of pulmonary and non-pulmonary tuberculosis.

The Mass Miniature Radiography Units which have been established throughout the country have done excellent work in detecting cases of tuberculosis which might otherwise have gone undiscovered for many months, during which time the persons concerned might have spread the disease amongst others in their homes, offices or workshops. The Directors of these units are now focussing their energies towards finding those sections of the population in which the largest numbers of cases of tuberculosis are to be found.

CLIMATE

The following meteorological statistics were recorded at Seaford during the year 1955:-

Month	Temperature			Rainfall		Sunshine		No. of Sunny Days
	Mean °	Max. °	Min. °	Total Ins.	Heaviest Inches	Average Hours	Total Hours	
January	38.5	51	<u>23</u>	3.94	<u>1.40</u>	1.13	35.0	8
February	37.0	50	24	1.73	.42	3.94	110.4	21
March	38.1	60	26	.91	.37	5.94	184.0	26
April	46.0	66	30	.33	.22	6.33	189.9	23
May	50.2	67	35	3.98	.80	7.78	241.1	26
June	57.1	73	39	1.64	.41	7.33	220.0	27
July	62.8	82	47	.57	.19	<u>8.86</u>	274.7	30
August	63.9	<u>84</u>	43	1.72	<u>1.14</u>	7.65	237.2	30
September	58.3	70	42	2.15	1.26	5.62	168.6	26
October	49.5	65	32	3.68	1.13	4.40	136.3	21
November	46.8	60	28	1.16	.31	1.60	48.0	17
December	44.3	54	28	<u>4.27</u>	.65	1.39	43.0	11
	49.4			26.08		5.17	1888.2	266

It will be seen from perusal of the above table that Seaford enjoyed an excellent year so far as weather conditions were concerned. Moreover, the best of the weather came during the months of June, July and August, the months most favoured by holiday-makers. Nearly three hundred more hours sunshine were recorded than in the previous year and these were distributed amongst the main holiday months.

The mean temperature for the year was very slightly lower than for the preceding year, but the average temperatures for the months June, July, August and September were all higher than in 1954.

The highest number of hours sunshine was recorded in July and the highest mean temperature for a month was experienced in August.

